

**GREASE INTERCEPTER WAIVER APPLICATION  
ERIE COUNTY DIVISION OF SEWERAGE MANAGEMENT  
ERIE COUNTY SEWER DISTRICT NO. \_\_\_\_\_**

**SECTION A: GENERAL INFORMATION**

1. Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Company Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Corporate Owner, if different: \_\_\_\_\_

3. Designated signatory authority of the facility:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

4. Designated facility contact:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

**SECTION B: FACILITY DESCRIPTION**

1. General Description of Business: \_\_\_\_\_

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2. Explain reason for waiver request:\_\_\_\_\_

\_\_\_\_\_

3. Facility Layout: Attach

4. Sources of oil, grease &/or sediment:\_\_\_\_\_

\_\_\_\_\_

### SECTION C: OIL & GREASE CONTROL

1. Are Best Management Practices (BMP's) in place? ☐ Yes ☐ No

Describe (or attach statement):\_\_\_\_\_

\_\_\_\_\_

2. Is data available from similar establishment? ☐ Yes ☐ No [Attach Statement]

3. Description of oil, grease &/or sediment management:\_\_\_\_\_

\_\_\_\_\_

4. Does your facility have a grease interceptor or fixture traps? ☐ Yes ☐ No

5. List the location, size and specifications for all grease interceptors at the facility:

Location	Size	Additional Specifications	Type (Trap?)

6. Are the grease interceptors serviced regularly? ☐ Yes ☐ No

Type of Servicing: ☐ Inspections Frequency\_\_\_\_\_

☐ Cleaning Frequency\_\_\_\_\_

7. Who performs servicing?\_\_\_\_\_

Name of waste hauler (if applicable):\_\_\_\_\_

8. Is there a written protocol for maintenance, cleaning, and disposal procedures? ☐ Yes ☐ No

9. Are enzymes or similar additives used? ☐ Yes ☐ No

Specify type:\_\_\_\_\_Frequency:\_\_\_\_\_

**SECTION D: FACILITY OPERATIONAL CHARACTERISTICS**

1. Shift Information:  
1.) Average number of employees per shift: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_  
2.) Shifts normally worked each day (please check):

	<u>Sun.</u>	<u>Mon.</u>	<u>Tue.</u>	<u>Wed.</u>	<u>Thu.</u>	<u>Fri.</u>	<u>Sat.</u>
1 <sup>st</sup>	_____	_____	_____	_____	_____	_____	_____
2 <sup>nd</sup>	_____	_____	_____	_____	_____	_____	_____
3 <sup>rd</sup>	_____	_____	_____	_____	_____	_____	_____

2. List all major equipment used for food prep (i.e. grills, fryers, dishwashers, sinks, etc.):

<u>Type</u>	<u>Size / Specifications</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Provide plans of the proposed modifications to the facility, including equipment and plumbing.  
Include the layout of food preparation and serving areas, sewer connections, profiles, and details.

_____ Signature of Owner/Official	_____ Sewer District Official
_____ Title	_____ Title
_____ Date	_____ Date

Signature by Sewer District representative authorizes this application to be an effective waiver.

Cc: Board of Managers  
\_\_\_.2.4.Oil&Grease  
ne/waiver-internet